FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)	•	·	4	_ * • 	: 1 ·				
	Turner, Michael, R, Rep.,			or seeds	e para la serie de	Mar water at a		٠		
	(b) Address (number and street) 109:North Main Street Apt, 1103	☐ Che	ck if address	changed	1,354		late's FEC I 103067	dentification l	Number	
	(c) City, State, and ZIP Code				1	3. Is Th	is 📻	New	15.1	Amended
	Dayton .		ОН	45402	2-1344	State	ment	(N) OR	$\mathbf{\hat{x}}$	(A)
4.	Party Affiliation	5. Office Sought			6. State & I	District of Cand	idate			
	REPUBLICAN PARTY: 50	House			ОН	10				
7	DE I hereby designate the following nar	SIGNATION						alaat	ion(a)	
	NOTE: This designation should be	•	·	•			(year of e		ion(s).	
		med with the appro	opriate onice	iistea in tr	ie instruction	1S.				
	(a) Name of Committee (in full)									
	Citizens for Turner		,,,		44.	77.7 4 .	r Kanana sa			
,	(b) Address (number and street)	и			1 7.	. 25				
	120 W c 2nd Street	ing the second								
•	Suite 1510	•	ŕ			i .	ŧ	V J e		
	(c) City, State, and ZIP Code									
	Dayton			e ay hidang	ОН	4540	2-1603	પ અ <i>ફે</i>		
-	17 July 1998 1 17 34			· · ·						
	I hereby authorize the following nar	•	luding Joint I	Fundraisin	Represent	atives)			s on beha	alf of my
	NOTE: This designation should be to	filed with the princi	ipal campaig	n committe	ee.					•
	(a) Name of Committee (in full)							•		
	Turner Victory Fund	l			•					
	(b) Address (number and street) 824 S Milledge Ave									
	Ste 101									
	(c) City, State, and ZIP Code									
	Athens				GA	3060	5-1332			
	I certify that I have exa	mined this Statem	nent and to ti	ne best of i	ny knowledg	ge and belief it	is true, corre	ect and comp	lete.	
Sic	gnature of Candidate					Date				
	rner, Michael, R. Rep.,									
<i>1</i>	Michael	1 chu	M	_		03/13/2	019			
NC	DTE: Submission of false, erroneous	, or incomplete inf	ormation ma	y subject tl	ne person si	gning this State	ement to pe	nalties of 2 U.	S.C. §43	7g.
								FI	C FORM 2	(REV. 02/2009)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F2A Transaction ID :

Form/Schedule: Transaction ID:

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	³ of	3
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
Take Back The House 2020 (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code Bethesda MD 20824-0844 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on candidacy, NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)		Take Back The House 2020 (b) Address (number and street)						
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(c) City, State, and ZIP Code		(b) Address (number and street)						
		(c) City, State, and ZIP Code						

CARLES DISTRICT MAKE

AM 9:01

WASHINGTON, DC 20463 1050 FIRST STREET, NE FEDERAL ELECTION COMMISSION

LEGATOR

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af		3-18-19		
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